

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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STATE OF HAWALL

## LOBBYIST REGISTRATION FORM STATE ETHICS COMMISSION

(Type or Print Clearly) PARTI LOBBYIST (Middle) NAME (Last) **TELEPHONE** (First) Nicole A. 539-0400 Velasco MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** nvelasco@awlaw.com (Zip Code) (City) (State) 96813 Honolulu HI. TELEPHONE EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) 539-0400 Slovin & Ito, LLP MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** (Zip Code) (State) (City) ΗI 96813 Honolulu

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)  MultiState Associates on behalf of Alliance of Automobile Manufacturers		
515 King Street, Suite 300		
(State)	(Zip Code)	
VA	22314	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		
	703-684-7912	
	FAX 703-684-7912	
	EMAIL ccastro@multistate.com	
(State)	(Zip Code)	
VA	22314	
,	(State)  OR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT  (State)	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	<ul> <li>Intergovernmental Relation.</li> <li>International Affairs</li> </ul>	s,	
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	☐ Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)	
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections		
<del></del>				
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Mule a Velesco 03-01-13				
(Signature of Lobbyist) (Date)		(Date)		
PART V AUTHORIZATION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Paul W. Hallman	President, MultiState Associates, Inc.			
NAME OF ORGANIZATION (if ap	plicable)		TELEPHONE	
MultiState Associates on behalf of Alliance of Automobile Manufacturers		703-684-1110		
MAILING ADDRESS (Street)			FAX 703-684-7912	
515 King Street, Suite 30	00		EMAIL phallman@multistate.com	
(City)	(State)		(Zip Code)	
Alexandria	VA		22314	
I hereby authorize मिल्क्विण्ट - named person to engage in lobbying activities on behalf of the undersigned.				
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(Signature of Authorizing Officer or Person Represented) (Date)				

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